

OCT-11 2005 TUE 10:45 PM CANTOR COLBURN LLP

FAX NO. 8602860115

P. 02

OCT 11 2005

PART B - FEE(S) TRANSMITTAL

Complete and send this form together with applicable fee(s), to: Mail

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Linda C. Gould *Linda C. Gould*
 Linda C. Gould
 October 11, 2005

(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/461,302 | 01/15/2001 | Samuel P. Lipnic | INE-0044-C1 | 9547 |

TITLE OF INVENTION: FLEXIBLE SOURCE WIRE FOR RADIATION

| APPLN TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-----------------------|--------------|----------------|-----------------|------------------|------------|
| Nonprovisional | YES | \$700 | \$300 | \$1000 | 10/11/2005 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| GREENE, DANIEL LAWSON | 3663 | 376-15X000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36)(
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.
 "Fee Address" indication (or "Fee Address" indication form PTO/SB/17; Rev. 03/02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. CANTOR COLBURN LLP2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Interventional Therapies

Westport, Connecticut

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

 Issue Fee

4b. Payment of Fee(s):

 A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies Five (5) The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1150 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is required to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Linda C. Gould*Date October 11, 2005Typed or printed name Samuel P. LipnicRegistration No. 35,101

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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===== FACSIMILE TRANSMITTAL SHEET =====

DATE: October 11, 2005

TO: ISSUE FEE

COMPANY: U.S. PATENT AND TRADEMARK OFFICE

FAX NO.: (571) 273-2885 TEL. NO.: _____

FROM: Linda C. Gould (Cantor Colburn LLP)

OUR REF: INE-0044-C1 YOUR REF: USSN 09/681,382

TOTAL NUMBER OF PAGES SENT
(INCLUDING THIS COVER SHEET): 2

COMMENTS: TO WHOM IT MAY CONCERN:

Please find enclosed the Base Issue Fee Transmittal Form for U.S. Serial No. 09/681,382. Also an Advance order for five (5) copies of the Patent.

Please charge all fees (\$1,015) to Deposit Account 06-1130.
Thank you,
CANTOR COLBURN LLP

If there are any problems with this transmission,
please call (860) 286-2929 and ask for L. Gould

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